



**The Carlisle Police Department**  
**41 Lowell Street**  
**Carlisle, MA 01741**

Phone 978-369-1155 \* Fax 978-369-1819 \* Email [carlislepd@drivetech.net](mailto:carlislepd@drivetech.net)

David T. Galvin, Chief

**PROHIBITED SOLICITATION REGISTRATION**

I, \_\_\_\_\_ a resident of \_\_\_\_\_  
*Print name* *Street address*

Carlisle, Massachusetts, hereby give notice that I do not wish to be solicited. Furthermore, I authorize the Carlisle Police Department, on my behalf, to enforce the criminal statutes as they apply to trespass after notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR DEPARTMENT USE ONLY**

Date Entered: \_\_\_\_\_

By: \_\_\_\_\_